

| POSITION                  | INITIALS   | ID NO.       | DATE          |
|---------------------------|------------|--------------|---------------|
| FEE DETERMINATION         | <i>CBH</i> | <i>67668</i> | <i>56100</i>  |
| O.I.P.E. CLASSIFIER       |            |              |               |
| FORMALITY REVIEW          |            |              |               |
| RESPONSE FORMALITY REVIEW |            |              | <i>7/17/1</i> |
|                           |            |              | <i>7/10</i>   |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | 11    | 4        | 3    |
| 2     | 1     | 1        |      |
| 3     | 1     | 1        |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| 101   | 1     | 1        |      |
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| 148   | 1     | 1        |      |
| 149   | 1     | 1        |      |
| 150   | 1     | 1        |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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